

**MISSION ASSIGNMENT REIMBURSEMENT REQUEST
TRANSMITTAL FORM**

SECTION I : ESF AGENCY SUBMISSION

| | | | |
|---|--|--|--------------------------|
| AGENCY: | | Current Bill Amount: | |
| ADDRESS: | | Fiscal POC: | |
| | | Phone: | |
| | | Fax: | |
| Type of Billing: | <input type="checkbox"/> SF#1080 <input type="checkbox"/> SF 1080 (OPAC) <input type="checkbox"/> Other: | | |
| Agency Location Code: | | ESF#: | |
| ESF Agency Bill Number: | | Primary ESF Tasking: | |
| | | Support ESF Tasking: | |
| MA Number: | | FEMA Disaster Number: | |
| Mission Description: | | | |
| | | | |
| Projected Completion Date: | | Revised Completion Date: | |
| This is a partial bill | <input type="checkbox"/> | Resubmittal | <input type="checkbox"/> |
| | | Final Bill | <input type="checkbox"/> |
| no further obligations pending. | | | |
| The expenditures claimed have been reviewed and are relevant to the mission assigned. Costs are reasonable, supported by source documents maintained by this agency, and are not funded by another source. <i>(Include applicable signatures)</i> | | | |
| Primary ESF Agency Project/Program Administrator | | Date | Phone |
| Support ESF Agency Project/Program Administrator | | Date | Phone |
| Primary ESF Agency Financial Officer | | Date | Phone |
| Support ESF Agency Financial Officer | | Date | Phone |
| Attachments: <input type="checkbox"/> SF 1081 (OPAC) <input type="checkbox"/> SF 1080 <input type="checkbox"/> Other Treasury Approved Form | | Attachments: Purchase of Equipment Forms Refer to the Financial Management Annex to the Federal Response Plan (FRP) for applicable forms. | |

SECTION II: FEMA USE ONLY

LOG# _____ PAYMENT AMOUNT APPROVED: _____

State Cost Share %: _____

State Cost Share Amount: _____

| ROUTING | SIGNATURE AND DATE |
|--|--------------------------|
| FINANCIAL REVIEW | |
| EXCEPTION: Returned to Agency | |
| PROGRAM REVIEW | |
| MISSION ASSIGNMENT COORDINATOR REVIEW | |
| LOGISTICS REVIEW | |
| DRM APPROVAL | |
| FORWARD FOR REIMBURSEMENT/PAYMENT | |
| FINAL PAYMENT/DE-OBLIGATION | DE-OBLIGATION AMT: _____ |

To receive reimbursement, completion of this form is required.

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| SECTION III : BILL SUBMISSIONS | | | |
|--|------|--|---------------|
| ESF AGENCY BILL ID NUMBER: | | Previously Billed Amount: | |
| Number of bill submitted for this MA: (including this bill) | | Current Bill Amount: | |
| Total MA obligation (from RFA) | | Total Billed to date: (including this bill) | |
| CURRENT CHARGES | | | \$ AMOUNT |
| Regular Hours – Unappropriated ONLY | | | |
| Overtime of premium pay hours | | | |
| 11xx Unappropriated wages, OT, and premium pay | | | |
| 21xx Travel of persons | | | |
| 22xx Transport of things | | | |
| 25xx Service Contracts | | | |
| 25xx Equipment Lease Contracts | | | |
| 26xx Materials | | | |
| 31xx Equipment | | | |
| 31xx: "Sensitive" items | | | |
| 31xx: Agency Stock replacement/repair | | | |
| Overhead (List of each line item) | Qty. | Rate | |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| All Other (List of each line item) | Qty. | Rate | |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| | | | = \$0.00 |
| TOTAL AMOUNT BILLED | | | \$0.00 |

Regular labor of permanent federal agency personnel and overhead cost are not eligible for reimbursement except when costs incurred would normally be paid from a trust, revolving or other fund. The Financial Manager of the agency requesting reimbursement for these costs must provide written certification with the bill stating that costs would normally be paid from a trust, revolving or other fund.

Agencies that qualify and may be seeking reimbursement must submit certified annual overhead rate proposals to FEMA OFM/DFD for approval prior to billing. OMB Circular A-87 should be used as a guide for this purpose. Indirect cost pools must be defined to explain how the costs are derived and applied. Indirect rates should be negotiated with FEMA annually.

References: MA billing instructions <http://www.fema.gov/ofm/billinst.htm>
 MA Progress report and instructions <http://www.fema.gov/ofm/maprogress>